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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

1125

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,240,307, granted 5/29/2001, and for which a reissue patent is sought on the invention entitled Endocardial Mapping System

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____ / _____ and was amended on _____.

(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☐ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

U.S. Patent No. 6,240,307 is, through error without any deceptive intention, deemed wholly or partly inoperative, by reason of a failure to claim priority to USSN 08/376,067, filed January 20, 1995, now issued as U.S. Patent No. 5,553,611, issued September 10, 1996.

This reissue is not a broadening reissue.

It is noted that the application which became U.S. Patent No. 6,240,307 was filed prior to November 29, 2000.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

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All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s)	Registration Number
Robert C. Beck	28.184
Daniel A. Tysver	35.726
Stephanie J. James	34.437

Rudolph P. Hofmann	38.187
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Correspondence Address: Direct all communications about the application to:

☐ Customer Number

Type Customer Number here

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Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Beck & Tysver, P.L.L.C.				
Address	2900 Thomas Ave. S., Suite 100				
Address					
City	Minneapolis	State	MN	Zip	55416
Country	US				
Telephone	612-915-9633	Fax	612-915-9637		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of sole or first inventor (given name, family name) Graydon Ernest Beatty					
Inventor's signature	<i>Graydon E. Beatty</i>		Date	10-8-2003	
Residence	1170 Cushing Circle #311		Citizenship	USA	
Mailing Address	St. Paul, MN 55108				
Full name of second joint inventor (given name, family name) Jonathan Kagan					
Inventor's signature	<i>J. Kagan</i>		Date	10/17/03	
Residence	200 HOMEDALE RD		Citizenship	USA	
Mailing Address	Hopkins, MN 55343				
Full name of third joint inventor (given name, family name) Jeffrey Robert Budd					
Inventor's signature	<i>J. Budd</i>		Date	10/21/03	
Residence	3270 Owasso Heights Road		Citizenship	USA	
Mailing Address	Shoreview, MN 55126				
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.					

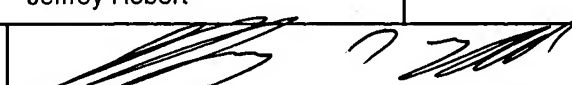
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jeffrey Robert				Budd			
Inventor's Signature				Date		10/21/03	
Residence: City		Shoreview		State		MN	
				Country		USA	
Post Office Address		3270 Owasso Heights Road					
Post Office Address							
City		Shoreview		State		MN	
				ZIP		55126	
				Country		USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.